

**An Informal SRP Guide  
for  
MEDCOM MTF/DTF Commanders supporting  
Power Projection and Power Support Platforms  
In their Health/Dental Service Areas**

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## 1. General Discussion of Soldier Readiness Processing (SRP).

- 1.1. The Army proponent for SRP is the Army G1.
- 1.2. Soldier Readiness Processing procedures and requirements are found in AR 600-8-101, *Personnel Processing (In-and Out-and Mobilization Processing)*. The nature/type of the requirements are directly related to one of five levels of movement discussed in Chapter 4. They are:

- Level 1: Basic Movement SRP Requirements \*
- Level 2: Wartime Movement Stopper SRP Requirements\*
- Level 3: Other SRP Requirements
- Level 4: Deployment area/mission unique SRP requirements
- Level 5: Peacetime PCS/Transition SRP Requirements

During Mobilization Processing (Chapter 6, AR 600-8-101) **Level one and two SRP requirements** (as specified in Chapter 4) **are mandatory** and therefore non-waiverable \*

- 1.3. The individual requirements are divided into two primary groups; those that are to be completed by the unit (**Medical READINESS Requirements**) and those to be considered /validated at the installation SRP site prior to deployment (**Medical DEPLOYMENT Requirements**). In general those actions that would require extensive time or be considered heavy workload should be considered in the READINESS group when reasonable.
- 1.4. In general SRP requirements originate from four primary sources; those listed in AR 600-8-101, AR 614-30, in orders promulgated by the Combatant Commander, and those set forth in MILPER Messages -Personnel Policy Guidance (PPG). The PPG includes any updated or altered requirements since the last publishing of AR 600-8-101 i.e. the need for a DNA sample and only one panograph. The PPG/Combatant Commanders' orders also provides specific guidance in support of (ISO) a given OPLAN i.e. specific immunizations based on the deployment location.
- 1.5. MEDCEN/ MEDDAC & DENTAC Commanders:
  - May request personnel & resources from the Installation as required.
  - Must coordinate with Installation SRP Coordinator
  - Provide exams, treatment, and follow-up to soldiers as required.
  - Provide readiness statistics report to Installation SRP Coordinator every 8 hours

## 2. Purpose of the Medical/Dental portion of SRP

- 2.1. Ensure that deploying soldiers are fit to deploy and in the best possible medical/dental condition **prior** to deployment
- 2.2. Ensure that **preventive measures** i.e. immunizations, etc have been completed and that the soldier has received a medical briefing regarding the potential medical hazards that are present in the deployment AOR.
- 2.3. Establish a **pre-deployment medical baseline** such that a comparison may be made, to identify any change in the soldier medical status while activated, during the demobilization process.
- 2.4. For **forensic** purposes.

- 2.5. To identify any soldiers that are medically or dentally **non-deployable** so crossleveling actions may be initiated as indicated.

### 3. AR 600-8-101 Guidance

Below are the five Levels of Movement as identified in Chapter 4 of AR 600-8-101, and their corresponding medical flags:

**Level 1: Basic movement**

Medical Flags (no go) = Positive HIV

**Level 2: Wartime movement**

Medical Flags (no go) = Positive HIV  
Pregnant  
Without current Immunizations  
Without 2 pair of glasses & 1 pair of mask inserts  
Without extra hearing aid batteries  
Without Medical Warning Tags  
If soldier is an inpatients or on quarters

**Level 3: Other SRP Requirements**

Medical Flags = Go, when completed, DD Form 2795, enroll EFMP, Dental Class 2 or better

**Level 4: Deployment Area/Mission Unique SRP Requirements**

Medical Flags = Theater specific immunization

**Level 5: Peacetime PCS/Transition SRP Requirements**

Medical Flags = Area specific immunization

### 4. Guidance in MILPER Messages: Personnel Policy Guidance (PPG)

- 4.1. PPG is developed to support a specific OPLAN/AOR. The PPG addresses many personnel areas; Medical and Dental are only two. Generally Annex E is the medical annex. The guidance frequently includes requirements pertaining to specific theater requirements gleaned from the Combatant Commanders' orders and any new requirements that are not in the existing regulations.
- 4.2. Immunizations designed to protect soldiers from known endemic diseases as well as those individuals that will be working in other areas of high personal risk.
- 4.3. Medical Threat Briefing. All deploying personnel will receive a medical threat briefing by PM or other medical personnel on the medical threat. The brief will contain information within the following areas: Remains Recovery Operations including blood and other bodily fluids, Chemical Hazards, Physical Hazards, Psychological Stress. Each soldier will be provided a copy of "A Guide to Staying Healthy". Other areas may also be mandatory depending on the deployment AOR.

### 5. The role of the MEDPROS Individual Medical Record (IMR)

MEDPROS is the standard automated system that captures the medical readiness status of soldiers in the Active Component, Army National Guard, and the United States Army Reserve. When this system matures it will be used to track the individual medical and dental readiness items to be completed and maintained by the Reserve Unit of assignment. Then during a

mobilization, the medical and dental staff will use the IMR, doing SRP at the Power Projection/Support Platform, to verify medical requirements have been met. In addition, all new requirements that may be included in the PPG plus any other medical/dental actions taken during the SRP process are recorded in the IMR.

## **6. The DD Form 2795, Pre-Deployment Health Assessment and DD Form 2796, Post-Deployment Health Assessment.**

### **6.1. DD Form 2795, Pre-Deployment Health Assessment**

**When:** Within 30 days prior to deploying  
**Who:** Active duty: JCS Troop deployment order in excess of 30 days to a land-based location outside the US that does not have a permanent MTF  
Reserves and National Guard: Called to active duty for 30 days or more CONUS or O'CONUS  
Others: as designated by the HQDA G-1 in PPG

- Service member must sign the completed form
- Form must be reviewed and signed by a health care provider. (PPG, JCS Memo)
  - Reviewer may be a medic or health care provider
  - Must be signed by a health care provider – defined as a physician, physician assistant, advanced practice nurse, independent duty medical technician
- Positive responses to questions 2-4 and 7-8 must be referred to a health care provider for appropriate follow-up.
- Responses of “I don’t know” to question 4 also and “No” to question 5 also require referral to a provider.
- If the soldier has health concerns related to a past deployment, use the VA/DOD Post Deployment Clinical Practice Guideline to provide guidance for follow-up action

#### *Distribution of the form*

- Original, signed-form in the soldier’s permanent health record
- Copy of the signed form in the soldier’s DD Form 2766 (Adult Preventive and Chronic Care Flow Sheet - often called the “Deployable health record.”)
- Copy of the signed-form mailed **via trackable next-day mail** to:  
Army Medical Surveillance Activity  
Building T-20, Room 213  
(ATTN: MCHB-TS-EDM, Deployment Surveillance)  
6900 Georgia Avenue, N.W.  
Washington, D.C. 20307-5001  
(202) 782-0471 DSN 662

### **6.2. DD Form 2796, Post-Deployment Health Assessment**


**6.2.1. When:** Within 5 days of redeployment or at the de-mobilization site  
**Who:** Personnel who are required to fill out a DD Form 2795

- Service member must sign the completed form
- Form must be reviewed and signed by a health care provider. (PPG, JCS Memo)
  - Reviewer may be a medic or health care provider
  - Must be signed by a health care provider – defined as a physician, physician assistant, advanced practice nurse, independent duty medical technician
- Positive responses to questions to any of the questions must be referred to a health care provider for appropriate follow-up

- Distribution of the form:  
Original, signed-form in the soldier's permanent health record upon return to home Station.
- Copy of the signed-form mailed as in 6.1 above.

## 7. Operational Considerations of SRP

### 7.1. MEDCOM Overview

- **SRP Site Ranges:** Improved Fixed Structures  WWII Wood
- A total of 27 PPP/PSPs
- **Fixed Army MTF on the Installation:** PPP = 12/15 PSP = 4/12; therefore 11 PPP/PSP are not supported by a fixed Army Hospital
- **“Standing” SRP Sites:** 8-10
- MEDDACs/MEDCENs having one or more PPP/PSP in their HSA
  - 1 PPP/PSP = 19 (3)
  - 2 PPPs/PSPs = 1 (Rucker & Camp Shelby)
  - 3 or more = 2 (MAMC, Gowen Field & Camp Roberts  
Knox, Camp Atterbury & Fort McCoy)
- What's the status of the SRP facilities with respect to computer networking with the supporting MTF and high-speed data transfer drops (MODS/MEDPROS)?

### 7.2. DHS/DDS issues;

- **Role = Installation Staff Member; responsible to the Installation Commander on medical/dental issues.**
- **Should not be a PROFIS individual!**
- **Must be a MC? May be a civilian? Authority and Responsibility are delegated from the MEDCEN/MEDDAC Commander.**
- **Must reside there during prep and operation of SRP site.**
- **Must be an individual that “has the ear and trust” of the MTF commander.**

### 7.3. Planning Preparation

Action	Coordinate with
HOUSING/DINING FOR AMEDD STAFF	DPW / DOL
MEDICAL AND DENTAL FACILITIES	DPW
MEDICAL AND DENTAL ASPECTS OF SRP	DPCA
TRANSPORTATION	DOL / ITO
DEVELOPMENT OF ISSA / MOU	DRM

7.4 What can you expect from the individuals processing through your PPP/PSP? What will they come to the SRP site with?

- FORMDEPS direct the medical and dental records be brought to the installation via the advance party.
- The individual soldiers medical data may or may not be entered into MEDPROs – Individual Medical Record (IMR).
- The DA Form 7425 SRP Checklist identifying the status of the individual soldiers' status with respect to Medical Readiness Requirements.
- DD Form 2795 Pre-Deployment Health Assessment completed but not signed by health care provider
- A hard copy of the Individual Medical Record from MEDPROS

8. Here are several planning suggestions that may work well for you.

#### **Number 1: Develop an AMEDD quartering/advance party**

As an extension of the DHS/DDS, especially at remote PPP and PSP, develop an AMEDD quartering/advance party. These would be pre-designated positions within the appropriate staff functions to establish initial AMEDD functions at these remote locations.

These pre-designated positions would plan and execute:

- ★ AMEDD facilities & AMEDD staff housing/dining (MOU/MOA)
- ★ Coordinate AMEDD SRP actions with installation
- ★ Coordinate Class VIII actions with the installations
- ★ Coordinate AMEDD support from civilian sources
- ★ Others

**Results: Ensures the AMEDD piece at remote sites are planned and key staff members know they have specific roles and duties when directed to open AMEDD functions.**

#### **Number 2: When “standing up” a “new” SRP site use experienced staff to minimize problems**

When “Standing Up” a SRP site, especially at remote PPP/PSP, the primary leadership in charge at the site must be the best and the most experienced staff available regardless of COMPO. The logistics associated with the “standing up” effort will be extensive and require much pre-planning. Priority support from the parent MTF is a must.

**Results: By applying the most experienced staff to the most difficult mission affords the best opportunity for success!**

If you are responsible for the planning and establishment of the medical /dental piece of the SRP processing at a location where it is not presently a “standing SRP operation”, plan to “**benchmark**” one or more of the “standing SRP sites” across the country. Carefully capture the interactive processes between the SRP site, the fixed MTF, and the installation staff elements, so as to mirror them at your site. Be sure to take individuals with you that will play an active role in the planning and execution of the SRP site! Plan your visit when soldiers are processing so your team may experience the dynamics of the processing first hand.

**Number 3: Build Extra COMPO 1 MSU teams at MEDCENS and/or at non-SRP installation MEDDACs**

**RMC: Look to MEDCENS/MEDDACs within the region for the possible development of additional “MSU teams” that could be used as a resource for the RMC commander to augment a regional MTF during rapid surge requirements especially in advance of Reserve Medical Support Units becoming available.**

**Results: Provides the RMC Commander the ability to “plus-up” one or more MTFs in the region that may be overwhelmed to ensure SRP support missions are accomplished**

**9. References**

- DoD 4500.54.G Foreign Clearance Guide
- AR 40-501 AND NGR 40-501 Standards of Medical Fitness
- AR 40-562 Immunization Requirements and Procedures
- AR 600-8-101, Personnel Processing
- AR 600-110, Identification, Surveillance, and Administration of Personnel Infected With HIV
- AR 614-30, Overseas Service
- DA PAM 715-16 Contractor Deployment Guide
- DA PAM 690-47 DA Civilian Employee Deployment Guide
- MILPER Message 03-070, Contingency Operations Personnel Planning Guidance
- MILPER Message 01-248, Contingency Operations Personnel Planning Guidance
- MILPER Message 96-054, Contingency Operations Personnel Planning Guidance